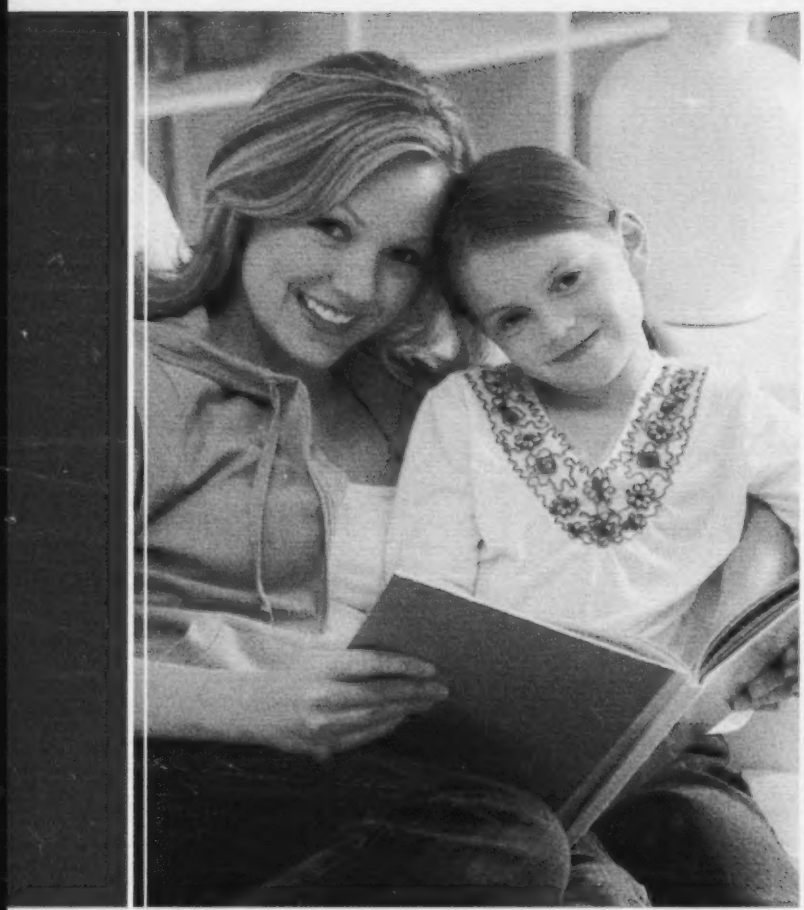
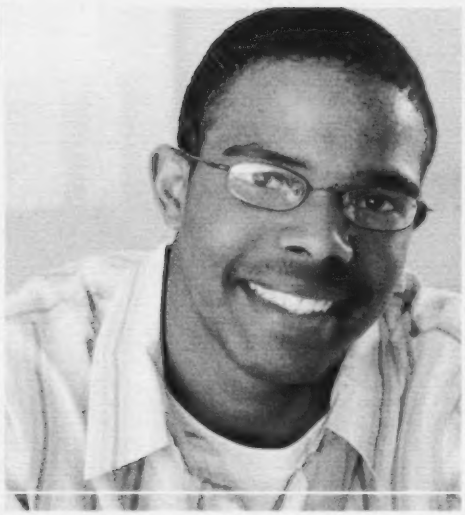
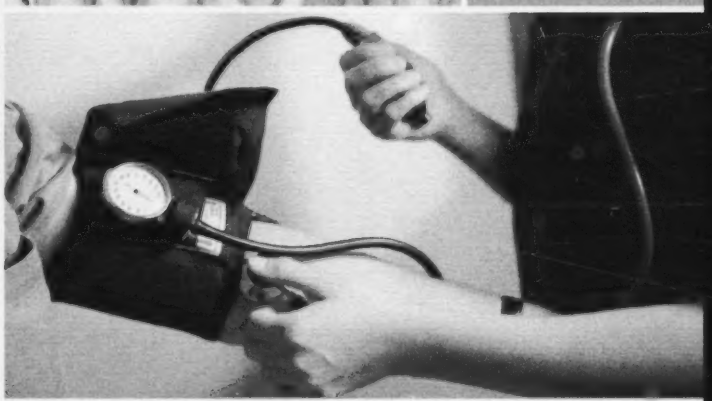
April 1, 2013 - March 31, 2014

Business Plan 2013-2014







Health PEI
One Island Health System

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Published by:
Health PEI
PO Box 2000
Charlottetown, PEI
Canada, C1A 7N8

September 2013

Available online at:
www.healthpei.ca

Printed in Prince Edward Island

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Chief Executive Officer's Message

As the new CEO of Health PEI, it is my pleasure to present the 2013-2014 Business Plan. This plan evolves from the strategic direction established by the Board of Health PEI for 2013-2016 and identifies the key activities we will be undertaking this year as we move toward our vision – *One Island health system supporting improved health for Islanders.*

Our focus during the next three years will be on enhancing the quality of our health care system, improving access to health care programs and services so Islanders receive timely care, and ensuring that we invest our resources wisely.

Over this coming year we will continue the progress we have achieved in key areas and initiate new improvement initiatives to address needs in existing and emerging priority areas. We will continue our development of primary health care services, continuing to focus on prevention and improved management of chronic diseases. Our Mental Health and Addictions services will continue to focus on improving the quality of care, enhancing services for priority populations and improving access for all Islanders. We will continue to build our primary care networks by strengthening the role of nursing staff to work to full scope and building capacity with nurse practitioners.

Within our acute services, we will remain focused on improving access to elective surgeries, especially for hip and knee replacements and cataract surgery. Understanding that timely and reliable access to emergency services is a priority for all Islanders we will also be improving consistency in access to emergency services. PEI's Collaborative Emergency Centre will be opened at Western Hospital improving access for the West Prince Region. With the addition of our rapid response ambulance units, we will work to ensure that highly skilled paramedics are more readily accessible to ensure a timely response to emergency personnel.

Health PEI recognizes the value of applying a population health approach to meeting the needs of special populations. In our current strategic plan, children and seniors have been identified as two such populations. Work has already been initiated to strengthen our home care services for frail seniors and this work will continue. In addition, development of a plan to enhance services for children with special needs is well underway with the goal of improving coordination of services and ensuring timely access.

Health PEI consistently endeavors to improve the quality of our services for the people we serve. With our new strategic plan we have recommitted and refocused our priorities to ensure we are truly able to support improved health for Islanders. I look forward to working with the dedicated staff, physicians, and volunteers at Health PEI, as well as our health care partners and all Islanders as we improve quality, enhance access, and create service efficiencies.

Respectfully submitted,

Dr. Richard Wedge
CEO, Health PEI

Purpose of this Document

In April 2013, Health PEI released its new strategic plan which outlines the organization's direction for the next three years (2013-2016). This foundational document provides a basis for public reporting, guidance for organizational activities, and decision-making.

Each year Health PEI's business plan sets forth a course of action and accountability to ensure progress on our strategic plan in accordance with direction from the Department of Health and Wellness.

The business plan is prepared each fiscal year (2013/14) and links to the strategic plan by defining the milestones, key deliverables, and performance targets for strategic priorities. Detail on how each division contributes to the strategic direction is provided in this document.

The 2013-2014 Health PEI Business Plan is prepared in accordance with the *Health Services Act*, R.S.P.E.I. 1988, c. H-1.6[1].

For a copy of the Strategic Plan 2013-2016, visit
http://www.gov.pe.ca/photos/original/hpei_stratpl_16.pdf

Mission, Values, Vision, and Goals

Mission

Our mission statement describes the purpose of Health PEI and reflects the broad functions of the organization as defined in the *Health Services Act*.

Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care.

Values

Core values are integral to our activities and relationships as health care professionals and providers at Health PEI.

Caring: We treat everyone with compassion, respect, fairness, and dignity.

Integrity: We collaborate in an environment of trust, communicate with openness and honesty, and are accountable through responsible decision-making.

Excellence: We pursue continuous quality improvement through innovation, integration, and the adoption of evidence-based practices.

Vision

Our vision statement guides current and future actions and practices of the organization.

One Island health system supporting improved health for Islanders.

Goals

The goals identify our major areas of focus. The future actions of the organization will stem from the following goal statements:

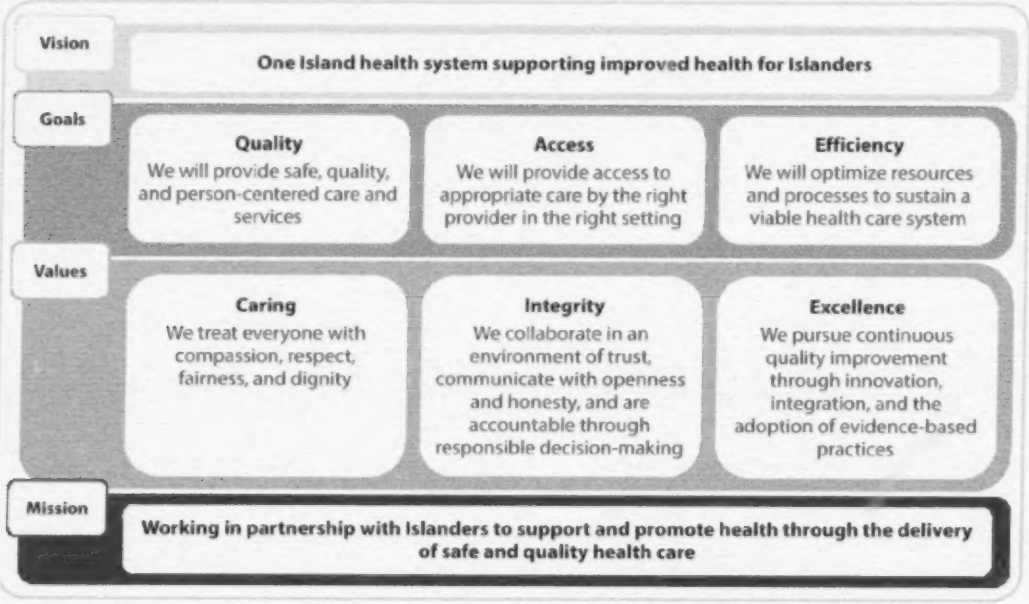
Quality: We will provide safe, quality, and person-centered care and services.

Access: We will provide access to appropriate care by the right provider in the right setting.

Efficiency: We will optimize resources and processes to sustain a viable health care system.

Health PEI Strategic Direction

Health PEI's strategic direction covers a three year period (2013-2016) in accordance with the *Health Services Act*. The development of this plan was based on key factors such as: the changing health status and health needs of Islanders; demographic changes; fiscal pressures; challenges to recruit health professionals; and policy direction from the government. It was also informed by input from the public, staff, and physicians. The framework, outlined in Exhibit 1, depicts Health PEI's strategic direction.


Vision
One Island health system supporting improved health for Islanders
Goals
Quality
We will provide safe, quality, and person-centered care and services
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Mission
Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care

Exhibit 1. Health PEI Strategic Direction

Health PEI's annual business plan is guided by the direction outlined in the strategic plan[2], which is the foundational document for the organization. The business plan identifies specific initiatives and program activities to move the organization toward its goals and objectives. While these initiatives and activities are identified as supporting a particular objective, most of them support multiple objectives – nonetheless, for the purposes of ongoing monitoring and reporting, most initiatives have been aligned with the most dominant objective and the goal it supports.

Two examples of initiatives that support progress for multiple objectives are the Better Access, Better Care policy directive and the electronic health record (EHR).

A central tenet of the EHR is "one patient, one record." The EHR has been designed to ensure that all clinicians in the patient's circle of care are using a single health record. At a fundamental level, the EHR supports the objective "embed the philosophy of person-centered care" (under the goal of quality). The EHR also supports the objective "utilize technology to improve the quality, safety, and continuity of care."

The second example of an initiative that supports multiple objectives is government's policy direction "Better Access, Better Care." This initiative involves a number of components and is about improving access to emergency services, general practitioners, elective surgeries, and long-term care. The breadth of this initiative supports the three goals of quality, access, and efficiency – along with defined objectives.

Performance Monitoring

To monitor progress toward the goals identified in Health PEI's strategic plan, specific objectives were identified as priority areas for improvement. As noted earlier, areas identified for improvement came from a variety of sources including: the public, staff, physicians, and policy directives from government.

In order for Health PEI to monitor progress, address course-corrections, and report to the public on our progress, specific indicators for each objective will be measured and assessed on an ongoing basis. The performance matrix outlined in this business plan identifies the strategic performance indicators that Health PEI will track and report on during the next three years. In alignment with their objectives, the indicators are listed at the end of each of the three goal sections as well as in the summary table (refer to Table 1). The strategic performance indicators provide a view of the organization's progress at a system level. Essentially, they are the roll-up of program and project indicators, which are more frequently monitored as part of the internal reporting process.

Over the course of this year, Health PEI will refine the strategic performance indicator matrix by capturing baseline information and identifying realistic targets to be met for each of the three fiscal years that our current strategic plan covers.

The complete strategic performance indicator matrix, and progress in the first year of the 2013-2016 strategic planning cycle (i.e. the information in this business plan), will be provided in Health PEI's 2013-2014 Annual Report (due Fall 2014).

Health PEI Goals & Objectives

The goals identify our major areas of focus. The future actions of the organization will stem from the following goal statements and objectives which are described in greater detail in the following sections.

Goals	Objectives
Goal 1: Quality We will provide safe, quality, and person-centered care and services	Ensure appropriate patient safety standards are met Embed the philosophy of person-centered care Promote improved health outcomes through prevention and education Foster a healthy work environment
Goal 2: Access We will provide access to appropriate care by the right provider in the right setting	Reduce wait times in priority areas: - Primary Health Care Providers - Mental Health Services - Addiction Services - Long-Term Care - Elective Surgical Services - Emergency Services Improve access to care for vulnerable populations, including: - Children with special needs - Frail elderly and seniors with complex health needs
Goal 3: Efficiency We will optimize resources and processes to sustain a viable health care system	Utilize technology to improve the quality, safety, and continuity of care Improve management of bed utilization across the system Improve the coordination of care across the continuum of health services Effective resource management

GOAL 1
QUALITY – WE WILL PROVIDE SAFE, QUALITY, AND PERSON-CENTERED CARE AND SERVICES

Continuous quality improvement is an ongoing priority for Health PEI. Accreditation Canada's quality matrix[3] with eight dimensions of quality (see Exhibit 2) guides the organization's continuous quality improvement activities.

Health PEI has an integrated quality framework to ensure the organization complies with ever-evolving, evidence-based practices and national standards. The framework includes:

- **Health PEI Quality and Safety Council** – a provincial body with representatives from the public that oversees eighteen quality teams (refer to Appendix A for a complete list of these provincial teams).
- **Quality and Evidence-Based Practice Committee** – a committee that focuses on quality improvement activities specific to physician clinical practice.
- **Pursuing Quality and Excellence Program** – a new program that focuses on continuous quality improvement activities through the application of Lean Six Sigma methodology.[4]

As part of our commitment to quality, Health PEI continues to implement an evidence-based accreditation process by Accreditation Canada. Accreditation Canada is a not-for-profit, independent organization accredited by the International Society for Quality in Health Care (ISQua).[5]

Population Focus
Accessibility
Safety
Worklife
8 Dimensions of Quality
Client-centered Services
Continuity of Services
Effectiveness
Efficiency
Population Focus – working with communities to anticipate and meet needs
Accessibility – providing timely and equitable services
Safety – keeping people safe
Worklife – supporting wellness in the work environment
Client-centered Services – putting clients and families first
Continuity of Services– experiencing coordinated and seamless services
Effectiveness – doing the right thing to achieve the best possible results
Efficiency – making the best use of resources

Exhibit 2. Eight Dimensions of Quality

OBJECTIVE 1.1 ENSURE APPROPRIATE PATIENT SAFETY STANDARDS ARE MET

Health PEI works to ensure that patient safety standards are met. This effort remains a priority and is an integral component of the Accreditation Canada quality matrix. Priorities for this fiscal year include:

Accreditation

Completing the accreditation process, which ensures that Health PEI is compliant with national patient safety standards.

Quality Improvement Teams

The continuous work of 18 Quality Improvement Teams that identify and implement various quality improvements across service and program areas of the system. These efforts ensure that Health PEI, at minimum, meets national standards of quality and safety.

Patient Safety Standards

Ensuring patient safety standards are met through participation in councils such as the Atlantic Health Quality and Patient Safety Collaborative[6], capacity building and ongoing training on evidence-based best practices, research, and expert knowledge. The organization also hosts shared-learning events and on-site activities to promote patient safety practices.

Interpretation Services

In 2012, a pilot project was undertaken to launch a language interpretation service for individuals presenting at health facilities with little or no comprehension of English. Based on the success of this one year pilot, a phone-based interpretation service will continue to be available at service sites when requested or required.

For more information on Patient Safety, visit www.healthpei.ca/patientsafety

OBJECTIVE 1.2 EMBED THE PHILOSOPHY OF PERSON-CENTERED CARE

Person-centered care is one of the eight dimensions of quality. Person-centered care, also referred to as client-centered services and patient-centered care, as well as other variations, focuses on the whole person and lifestyle, not just the physical body. It puts patients, residents, clients, and their families first. It is respectful of and responsive to individual preferences, needs and values, and ensures that individual values guide all clinical decisions. It is supportive of active involvement of patients and their families in the design of new care models and in the decision-making about individual options for treatment.

In 2009, Health PEI established person-centered care teams and initiated a phased adoption of a person-centered care leadership model within Long-Term Care and Home Care. Health PEI's strategic direction endorses the adoption of a person-centered model system-wide (i.e. across the continuum of care and within non-clinical support areas) to ensure that quality remains a core priority for the organization. Specific activities that will support this objective in the current fiscal year are outlined below.

Collaborative Model of Care

Collaborative Model of Care (CMoC)[7] includes education components that embed the philosophy of person-centered care. The following sites and/or units are scheduled for CMoC implementation (Phase IV) this fiscal year: Hillsborough Hospital, Queen Elizabeth Hospital (QEH) Unit 1, QEH Unit 2, QEH Unit 9, Prince County Hospital (PCH) in-patient mental health unit, Western Hospital, and the Provincial Addictions Treatment Facility.

Patient Rights

As part of the organization's commitment to person-centered care, guidelines for patient rights and responsibilities have been created with input from members of the public. These guidelines, which outline the rights and responsibilities of patients, will be rolled out across Health PEI during the coming year. Information related to this will also be available on the Health PEI website.

Person-Centered Care

A person-centered care leadership model that was adopted by Home-Based and Long-Term Care continues to be embedded across PEI. The central focus of this model is to value people and recognize individual needs and wishes. There are three core practice domains to the model which ensure a holistic approach in principle and practice: workplace, environment, and care.

Health Technology

Continued implementation of the electronic health record (EHR) also supports a person-centered care philosophy with all health care providers in a patient's circle of care using a single health record.

OBJECTIVE 1.3 PROMOTE IMPROVED HEALTH OUTCOMES THROUGH PREVENTION AND EDUCATION

The promotion of improved health outcomes through prevention and education efforts supports better health for Islanders and decreases demands on the health system. With the changing health status of Islanders and increases in the prevalence of chronic conditions, Health PEI has taken steps to adapt to these new realities. As part of these efforts, various public education initiatives highlighting prevention and management have been undertaken and will continue. Further improvements in primary health care services have provided individuals with better access to disease prevention and management services. Health PEI is committed to working closely with the Department of Health and Wellness, which also has a shared responsibility for the promotion of improved health outcomes. Two prime examples are the Chief Public Health Office and PEI's health and wellness strategy.

Prevention and Management of Chronic Disease

Earlier this year, a new document was published by Health PEI entitled *Stemming the Tide: Health PEI Chronic Disease Prevention Management Framework 2013-2018.*[8] As the title suggests, the document outlines a framework for chronic disease prevention and management for the next five years. It was developed in response to the increased burden of chronic conditions, such as chronic obstructive pulmonary disease (COPD), hypertension and stroke on patients and their families, as well as the cost of treating these conditions. Overarching goals are:

- Develop a patient-centered, integrated, and sustainable approach to the prevention and management of chronic disease.
- Create informed, engaged and active patients and communities.
- Develop proactive and prepared health teams and community partners.
- Reduce disparities to improve chronic disease prevention and management.

Under the umbrella of chronic disease prevention and management, objectives this year will focus primarily on:

- Increased support for COPD patients by further integration of assessment, education, and disease management tools into each of the five Primary Care Networks across PEI.
- Implementation of evidence-based prevention and interventions for patients with high blood pressure or hypertension to promote optimal blood pressure management in all health centres based on the results from the pilot project that was undertaken at two health centres in 2012/13.
- Provincial expansion and integration of stroke prevention services is a targeted focus for 2013/14. In addition, planning for the final phase of the multi-year Organized Stroke Care Model, which focuses on community re-integration, will be initiated this year.
- Implementation of the Ottawa Model for Smoking Cessation[9] in all primary care centers pending successful Federal funding.
- Development of a provincial diabetes action plan, including prevention efforts.

- Initiation of work on the development of strategies for the prevention and management of obesity.
- The adoption of clinical best practice guidelines for cardiovascular disease (C-CHANGE Guidelines).[9] This guideline, in addition to the Registered Nurses' Association of Ontario (RNAO) Guidelines[11] for the assessment and management of foot ulcers for people with diabetes, are being adopted Canada-wide at the direction of the Council of the Federation.
- Development of a three year cancer coordination plan that provides a framework for an organized, coordinated approach to cancer control.

This document may be found in the publications section of Health PEI's website or at http://www.healthpei.ca/index.php3?number=publications&dept=&id=2124

Public Health Initiatives

The key priorities of Public Health Programs, a section of Health PEI that proactively supports health using a population health approach, are:

- Community capacity building
- Healthy childhood development
- Innovative approaches and capabilities
- Prevention across the lifespan

Public Health focuses on the promotion of improved health outcomes, illness prevention, and education. This work is carried out through the delivery of core programs such as: Public Health Nursing, Dental Programs, Speech Language Pathology/Audiology, and Community Dietitian Services.

An example of an area of focus during this fiscal year is the implementation of the Department of Health and Wellness Breast Feeding policy. Breast feeding is beneficial for infants' growth, immune system, and cognitive development. This initiative will:

- Bring into operation the broad policy statement of the Department of Health and Wellness, which is supportive of the protection, promotion, and support of breast feeding as a public health priority.
- Support breast feeding as the optimal form of nutrition for newborns.
- Provide an example of collaboration between Health PEI and the Department of Health and Wellness in the shared mandate of prevention and education.

For more information on Public Health Nursing, visit http://www.healthpei.ca/publichealth

Aboriginal and First Nations Communities

Aboriginal and First Nations Communities – In 2008, Health PEI (formerly the Department of Health) began work with Aboriginal partners to better meet the health needs of Aboriginal people in PEI. Recent funding from Health Canada has focused and supported the ongoing work of collaborative planning to integrate primary health care services in the following ways:

- Develop a work plan to implement the recommendations from specific to integrated chronic disease prevention and management.
- Establish electronic access to provincial diabetes data for First Nations Health Centres.
- Roll-out of cultural awareness training packages to primary health care staff.
- Development of a community of practice specific to mental health and addictions health providers in Health PEI and Aboriginal partner organizations.

Objective 1.4 Foster a healthy work environment

As an organization, Health PEI encourages and supports safety, civility, and respect in the workplace. A healthy workplace is a one where staff have strong and supportive working relationships, experience positive morale, and are engaged in their work. A healthy work environment supports collaboration, resiliency, and productivity for workplace teams.

A healthy work environment is viewed as an important contributor to health care quality and safety. Health care services provided in a safe and healthy environment can have a positive impact on the quality of care and health outcomes for Islanders.

For the coming year, Health PEI will focus on three areas: strengthening workplace resilience, leadership pathways, and medical leadership.

Workplace Resilience

Strengthening Workplace Resilience is focused on fostering a healthy work environment to ensure that workplaces are safe, respectful, healthy, and that teams are resilient. Projects will include: development of a code of conduct; education and training on topics related to workplace psychological health and safety; and team engagement on performance and health.

Leadership Pathways

Leadership Pathways is focused on defining, developing, and implementing a framework to advance the practice of leadership in Health PEI to ensure that leaders are responsive to the current and future health needs of Islanders. "LEADS in a Caring Environment", a national leadership competency framework[12], will be used as a foundation upon which to base this work. Through this project, leadership standards for Health PEI will be defined, processes to support leadership accountability will be strengthened, and a framework for leadership learning and development will be established and implemented.

Medical Leadership Model

The Medical Leadership model will also be reviewed this year. The review will consider adoption of the "LEADS in a Caring Environment" framework specifically in relation to medical leadership, roles and responsibilities, accountability, and remuneration.

Strategic Performance Indicators

The performance indicators identified in the table below will be used to track and monitor our progress towards our goals and objectives over the coming three years. As key components of Health PEI's Performance and Accountability Framework, they will be reported on annually for each of the three fiscal years that Health PEI's Strategic Plan covers.

Objectives	Strategic Performance Indicators
Ensure appropriate patient safety standards are met	Hospital standardized mortality ratio Adverse events for incident severity levels 4 & 5
Embed the philosophy of person-centered care	Client experience ratings for acute care
Promote improved health outcomes through prevention and education	Average change in A1C from initial visit for participants of the Provincial Diabetes Program Participation rates in Colorectal Cancer Screening Program Screening rates for hypertension within participating Health PEI health centres Number of discharges for ambulatory care sensitive conditions Rate of influenza immunizations administered by Public Health for residents 65 and over Immunization rates for children under the age of 2 born in PEI
Foster a healthy work environment	Staff satisfaction rate Number of staff sick days per budgeted full-time equivalent (FTE)

GOAL 2
ACCESS – WE WILL PROVIDE ACCESS TO APPROPRIATE CARE BY THE RIGHT PROVIDER IN THE RIGHT SETTING

Appropriate care by the right provider and in the appropriate setting is a critical component of Health PEI's vision – *One Island health system supporting improved health for Islanders.* As an organization, we will work to ensure that appropriate services and programs are available for a variety of health supports and needs along the spectrum of health care delivery – from prevention, to acute episodic care, to end-of-life care.

OBJECTIVE 2.1 REDUCE WAIT TIMES IN PRIORITY AREAS

Reducing wait times for key services is an integral element of Health PEI's strategy to transform health care and improve timely access to appropriate care for all. As part of Health PEI's strategic plan renewal process, priority areas were identified based on: national priorities, analysis of available wait times data for different services, input from the public, and direction from the government. Health PEI's strategic direction, over the next three years, will focus on reducing wait times for:

- Primary care providers
- Mental health services
- Addiction services
- Long-Term Care
- Elective surgical services
- Emergency services

Primary Care Providers

A primary care provider is usually the first contact for a person with an undiagnosed health concern as well as for continuing care for medical conditions. A *primary care provider* can refer to a primary care physician, a nurse practitioner, or in some cases other health care providers, such as a registered nurse. Initiatives to improve access to primary care providers include access to primary care physicians and other primary care providers. Major initiatives in support of this objective include:

- **Advanced Clinical Access** – under the Pursuing Quality and Excellence program, advanced clinical access (ACA) projects will be undertaken throughout the province this year to improve access to primary care physicians.
- **Primary Care Networks** – a series of initiatives targeting different pressure points are underway through the Primary Care Networks to improve access to primary care providers.
  - The complement of nurse practitioners (NP) will be increased this fiscal year. NPs are registered nurses with additional education at a Master's level who assess, diagnose, and treat common acute and chronic health conditions. In recent years, NPs have taken on a larger role in Island health care. When working to full scope, NPs help to improve access to health services, reduce wait times, and alleviate pressures on the health care system by providing clients with diagnosis and curative interventions, wellness strategies, early interventions, and health promotion activities.

- Province-wide implementation of a successful pilot project that assessed primary care nurses working to full scope will occur this fiscal year. Primary care nurses are clinicians who have received specialized training in COPD, hypertension, and international normalised ratio (INR) management. When working to full scope, primary care nurses carry independent case loads for individuals with these conditions. It should be noted that there is a very high patient satisfaction rate with this model due to improved access and point of care management.

- Extended hours may be provided at primary care health centres.

- A new collaborative family practice program is being offered to physicians this year to promote "shared patient-rounds" between collaborating physicians. This program was developed as one of many initiatives to improve patient access to primary care providers in the primary care networks.

- Similar to practices in other provinces, such as Ontario, Health PEI will also be moving away from the outdated practice of recommending annual health examinations (also known as the annual physical) in favour of case-finding maneuvers during regular primary care visits.[13] Furthermore, Health PEI will be promoting preventative screening for colorectal, cervical, and breast cancer. This screening is a self-referral process, so a person does not require referral from a physician.

  More information on preventative screening is available at:

  Colorectal screening: www.healthpei.ca/colorectal (1-888-561-2233)
  Cervical screening: www.healthpei.ca/papscreening (1-866-818-7277)
  Breast screening: www.healthpei.ca/breastscreening (1-888-592-9888)

Mental Health Services

Reducing wait times and improving access to mental health is a priority for Health PEI. To meet this objective, several streams of work have been identified. It should be noted that an independent review of the full spectrum of mental health and addiction services and supports across government departments and the community was launched in October 2012. It is anticipated that once the review is released, the recommendations will have implications for Health PEI's mental health and addictions service delivery.

- Develop core programming for a community mental health (CMH) five year plan for general and specialized services.
- Develop and confirm inpatient mental health (PCH, QEH, Hillsborough Hospital) unit functions in an integrated continuum of mental health care and identify programming needs and changes to enable appropriate use of resources.
- Develop admission and discharge criteria for inpatient mental health and some specialized CMH services.
- Define the emerging population and program needs for the forensic psychiatry population.
- Continued development of the Collaborative Mental Health project which focuses on improving access and reducing wait times.

For more information about this service, visit http://www.healthpei.ca/mentalhealth

Addiction Services

Improved access to addiction services will focus on the following two streams of work this year.

- The Methadone Maintenance Treatment Program (MMTP) will undergo changes this year with the overall objective of improving access to those in need of these services and reducing the wait list. Specific areas of focus include:
  - A review and revision of induction criteria for both inpatients and outpatients.
  - Physician and staff roles in MMTP service delivery will be reviewed and revised to ensure appropriate access and service.
- Addiction services standardization, for improving access and ensuring appropriate treatment options, is planned for this year. To accomplish this effort during the next fiscal year the program will focus on the following:
  - Continue to develop standardized provincial policies.
  - Adoption of evidence-based practices, particularly in MMTP, inpatient withdrawal management, and rehabilitation services.
  - In collaboration with mental health, develop a program and clinical approach for treatment of persons with concurrent disorders.

For more information about this service, visit www.healthpei.ca/addictions (1-888-299-8399)

Long-Term Care

Reducing wait times for long-term care nursing beds is a priority for Health PEI.

- During this fiscal year, there will be an increase of 55 long-term care beds in Prince Edward Island – 40 new long-term care beds will be opened in private nursing homes and 15 new beds will be opened in public facilities.
- The implementation of two revised policies is also expected to reduce wait times for long-term care. Late last fiscal year, the First Available Bed policy and the Alternate Level of Care policy were revised to improve transfers from acute to long-term care. These changes address situations that have contributed to wait times for long-term care beds by ensuring procedures are clearly outlined for patients in acute care beds who refuse the first available long-term care bed and the introduction of standard information to assist with discharge.

For more information about long-term care, visit www.healthpei.ca/longtermcare

Elective Surgical Services

Reducing wait times for priority elective surgical procedures is a key objective under the goal of improved access.

- **Elective Surgical Procedures Initiative** – Health PEI is undertaking necessary steps to launch an elective surgical procedures initiative this year to improve surgical patients' care experience and ensure that these patients have the option of receiving their surgery within designated targets.
- **National Priority Areas** – focus will continue on reducing wait times for orthopedics and cataracts, which have not met the national benchmarks originally established by the Canadian Institute for Health Information.[14] The approach:
  - Hip and Knee Replacements – Health PEI plans to increase the volume of orthopedic surgeries this fiscal year to reduce the wait times for hip and knee elective surgical procedures. Although it is not identified as a national area of priority, Health PEI will also focus on reducing wait times for shoulder replacements.
  - Cataracts – additional procedures will be performed this year by optimizing operating room schedules.

For more information on the above wait times, visit www.healthpei.ca/waittimes

Emergency Services

- **Collaborative Emergency Centre (CEC)** – in order to ensure there is appropriate emergency service coverage across PEI, Health PEI will be implementing a CEC model at Western Hospital. The Western Hospital emergency department (ED) will change from 24-hour physician coverage to; 8am - 8pm physician coverage and 8pm - 8am CEC coverage. The CEC will be staffed by a RN and an EMT 3 (paramedic) with online oversight by a physician. This change will minimize sudden ED closures, address overnight access to care from 8pm - 8am, and increase access to primary care for West Prince residents. It is anticipated that this change will also make it easier to recruit physicians to that location.
- **Enhance emergency response services** – the addition of two new rapid response units will result in better emergency response for all Islanders. The two new rapid response units – one for Kings County and one for West Prince area – will be operated by highly skilled paramedics who will respond immediately to 911 calls. These specialized paramedics will begin assessment and treatment and will also stay with the patient until the ambulance arrives, if transport is necessary.

For more information, visit www.healthpei.ca/betteraccessbettercare

- **Emergency service review** – an emergency services review for Health PEI will be conducted this year to define a comprehensive framework for emergency services. This work will support and complement other major system priorities, including the Better Access, Better Care initiative.

OBJECTIVE 2.2 IMPROVE ACCESS TO CARE FOR VULNERABLE POPULATIONS

Improving access to care for vulnerable populations, which is defined as those at greater risk for poor health status and health care access, was identified as a strategic priority for Health PEI. While improving access to care for all population health groups is a priority for Health PEI, two areas were identified as critical: children with special needs, and frail elderly and seniors with complex health needs.

Children with Special Needs

The primary objective of this strategic initiative is to enhance service coordination for children with special needs to improve access to appropriate programs, services, and care. The scope of the initiative is under definition at this time with the development of shorter (2-year) and longer (5-year) term workplans. This initiative is guided by a steering committee, which includes participants from public health, mental health, acute care, and home care. Key components of the initiative will include the standardization of processes, services and roles across the province, and transitions between services. Expected outcomes for this multi-year initiative include: improved coordination; communication and collaboration between service providers and families; and more timely and equitable access to appropriate services across the province.

Frail Elderly and Seniors with Complex Health Needs

The Frail Elderly and Seniors with Complex Health Needs initiative is built on the following pillars: Home Longer, Home Sooner, Home First.

- **Home Longer** – this initiative includes increased hours of Home Care and care coordination provided to clients at home who are at risk of admission or long-term institutionalization. This component focuses on preventing or delaying admission to acute and long-term care.
- **Home Sooner** – this initiative includes expansion of Enhanced Home Care for Frail Seniors Program, which is focused on reducing length of stay in acute care.
- **Home First** – this initiative will explore options for a new program, including potential for partnering with private home care companies. This requires a change in philosophy, whereby clients do not access long-term care from hospital but rather return home first to make the decision.

For more information on the home care program, visit www.healthpei.ca/homecare

New legislation and Access

Bill No. 43 *French Language Services Act* was tabled in the 3rd session, of the 64th General Assembly – Province of PEI.[15] Third reading and Royal Assent took place on May 8th, 2013 (Proclamation is pending and is expected in Fall 2013).

- In anticipation of the proclamation of Bill No. 43 in the Fall 2013 sitting, Health PEI, like other departments and agencies, will designate select services as bilingual based on Health PEI's capacity to deliver services in French. Furthermore, based on Health PEI's capacity to deliver services and Francophone and Acadian community priorities, Health PEI will develop an action plan to improve access to services in French for April 2014-2015.

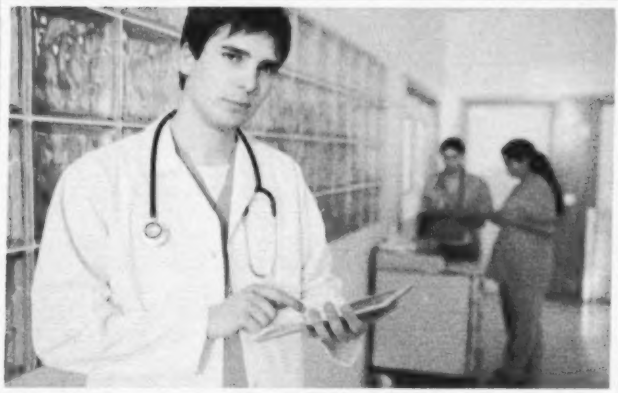
- As part of Health PEI's ongoing commitment to address language barriers within health care, a study was commissioned to explore options for improving service delivery within the Primary Care Networks for individuals who may speak very limited or no English. The study focused on both the Acadian and Francophone Community and non-English speaking immigrant populations in PEI. The results from this report (due Summer 2013) will inform the development of an action plan to address approved recommendations.
- Health PEI's website was recently updated to improve public information on available programs and services. During this fiscal year, we will complete a translation of Health PEI's website into French and establish procedures to maintain timely translation of the website to ensure that up-to-date information is readily available to the Acadian and Francophone Community regarding programs, services, and other information.

Strategic Performance Indicators

The performance indicators identified in the table below will be used to track and monitor our progress towards our goals and objectives over the coming three years. As key components of Health PEI's Performance and Accountability Framework, they will be reported on annually for each of the three fiscal years that Health PEI's Strategic Plan covers.

Objectives		Strategic Performance Indicators
Reduce wait times in priority areas[§]	Primary Care Provider	Utilization rates of emergency department for triage levels 4 & 5 (Mon-Fri) Wait times to access primary care physician
	Mental Health Services	Percent of urgent and semi-urgent clients seen by community mental health services within 30 days
	Addiction Services	Average wait time for inpatient withdrawal management Average wait time for outpatient withdrawal management
	Long-Term Care	Total number of days waiting for long-term care by (community and hospital) Average length of stay in long-term care
	Elective Surgical Services	Percentage of elective surgeries (cataracts, hip, and knee replacements) that meet wait time benchmarks
	Emergency Services	Time from triage to the time a physician first assesses the patient Percentage of patients who "left without being seen"
Improve access to care for vulnerable populations	Children with Special Needs	Average wait time for children accessing two or more services Average response time (referral to initial contact) for children accessing two or more services
	Frail Elderly/Seniors with Complex Health Needs	Percentage of discharges from acute care that have home care involvement Average length of home care usage for long-term clients Alternate level of care (ALC) days for seniors 75+

§ Where appropriate the length of stay (LOS) variance, percent unplanned readmissions, number of discharges, number of distinct clients and ALC rates will also be presented to give context to wait time. In addition, average wait times may be required to be reported by a descriptor such as triage/urgency level, referral source, time of day, etc.



GOAL 3
EFFICIENCY – WE WILL OPTIMIZE RESOURCES AND PROCESSES TO SUSTAIN A VIABLE HEALTH CARE SYSTEM

Optimizing the use of resources across the system is a strategic priority for Health PEI. Increased efficiency will not only enrich the patient experience (through improved continuity and coordination) but enhance the effectiveness, quality, and utilization of our resources. System-wide efficiency improvements will benefit our patients, the organization, and the Island community.

OBJECTIVE 3.1 UTILIZE TECHNOLOGY TO IMPROVE THE QUALITY, SAFETY, AND CONTINUITY OF CARE

Effective utilization of advances in technology to improve the quality of health care remains a priority for Health PEI.

Electronic Health Record

Adoption of the provincial interoperable electronic health record (iEHR), which started in 2004, continues. This program, which has been implemented in phases, is in phase 2 of the computerized provider order entry (CPOE) module. CPOE was implemented earlier this year at PCH, and its implementation at the QEH is scheduled in the Fall. Further implementation at other facilities will commence at the end of this fiscal year. With the implementation of this CPOE, all clinicians' orders (e.g. lab, diagnostic imaging, consults, as well as medication and patient care orders) will be available in electronic format, as well as notes regarding medication and care provided by nursing staff. Health PEI is also exploring the electronic medical record (EMR), module of the iEHR. Adoption of this module is essential to ensuring a single integrated health record for all Islanders by linking primary care clinicians with the iEHR.

For more information, visit www.healthpei.ca/ehr

Telehealth

Telehealth (811) is a free, confidential telephone service to access health advice or general health information and will be implemented in 2013-2014. The service, which is used in various health jurisdictions across Canada, will improve the use of the Island health system by providing access to experienced registered nurses 24 hours a day, 365 days a year. The RNs can help Islanders by providing advice, information on supports, and answer questions. Health PEI is partnering with Nova Scotia to implement the services, which will be available in multiple languages through French-speaking bilingual nurses as well as an on-demand, third-party translation service.

Drug Information System

The Drug Information System (DIS) was launched across all Island pharmacies in 2007. Since its launch, the DIS has improved the quality of health care by reducing the potential for harmful drug interactions, prescription errors, and adverse drug reactions. This year, the DIS will support the launch of two new initiatives which are aimed at improving quality and safety.

- A phased approach to medication review of long term care residents is underway. The objective of this review is to optimize medication management, address issues such as the use of multiple medications at the same time, and assess the use of potentially inappropriate medications for this population.
- A prescription monitoring program is under development by Health PEI with collaboration from key stakeholders such as the Medical Society of PEI, the College of Physicians and Surgeons of PEI, and the Department of Health and Wellness. This work, which is in its early stages, will assess and address prescription drug misuse by developing a specific list of narcotics to track and monitor.

For more information, visit www.healthpei.ca/dis

Objective 3.2 Improve management of bed utilization across the system

Opportunities to improve efficiency within Health PEI exist in maximizing the utilization and flow of patients through the system. In other words, providing services in the right location by the most appropriate provider, to achieve quality person-centered care. Improving bed utilization and the continuity and coordination of care for patients will support our efforts to ensure care is provided in the right location at the right time.

Provincial Bed Map

The development of a provincial bed map for Health PEI facilities is currently underway. The bed map will help streamline patient flow through the acute care system, which has been an increasing issue over the last several years.

Overall Average Length of Stay (OALoS) Initiative

A quality improvement project called the "OALoS Initiative" under the Pursuing Quality and Excellence program will be undertaken this year. The project will focus primarily on the reduction of overall average length of stay in acute care facilities by identifying opportunities to implement strategies to increase efficiencies and reducing spending within targeted program areas. The OALoS Initiative will be conducted in two sequential phases. Phase I will involve Primary Health Care, Home Care, and Long-Term Care and will be rolled out this Fall. Phase II will focus on Acute Care and will be undertaken the Winter of 2014. In addition to improvements made to quality care, this initiative will identify opportunities to implement strategies to increase efficiencies, reduce spending, and reinvest in priority areas.

Objective 3.3 Improve the coordination of care across the continuum of health services

Improving the coordination of care across the continuum of health services supports all three of Health PEI goals – Quality, Access, and Efficiency. This objective is focused on ensuring that individuals move through our health care continuum in a seamless, coordinated, and planned fashion. Two key pieces of work underway to support this objective are identified below.

Transition Management

Work continues on the implementation of the 52 recommendations outlined in the report *Provincial Design of Transition Management for PEI.*[15] To date, 12 recommendations have been completed – the remainder are in various stages of implementation.

Out-of-Province Transfers

This work focuses on improving patient flow for necessary off-Island services. At this time, efforts are focused on the two primary liaison offices, which are located in Nova Scotia and New Brunswick. Priorities for this fiscal year are outlined below.

- Streamline, standardize, and communicate out-of-province transfer procedures for Health PEI and Island EMS (emergency medical services) staff.
- Develop updated patient and public information materials and methods to deliver complete and accurate information to appropriate transfer patient groups (inpatients and outpatients).
- Coordinate with Island EMS to support most effective, efficient, and safe patient transfer schedules and processes.
- Identify and develop appropriate CIS documentation to support patient transfer to out-of-province facilities.

Objective 3.4 Effective resource management

Effective resource management is a vital component of Health PEI's strategic direction ensuring that the health system model is consistent with the health needs of Islanders and continues to adapt to the changes required based on population health needs. While quality of care remains paramount, it is essential to achieve this overarching goal in a cost-efficient manner. Two major utilization initiatives were launched at the beginning of this fiscal year to address this objective.

Resource Allocation

A new process, based on the Program Budgeting Marginal Analysis (PBMA) framework (a resource allocation decision-making tool), was implemented this year to assess Health PEI resources across the entire system (both clinical and non-clinical). This initiative aims to decrease health care spending by three percent this fiscal year, across clinical and administrative sectors. PBMA builds upon transparency, the use of explicit evaluation criteria and the involvement of both administrative and clinical staff in developing resource allocation proposals and their evaluation.

System Accountability and Standardization

Work is underway on Health PEI's supply chain to improve system accountability and standardization. This work is focused on: improving the efficiency and effectiveness of Health PEI's purchasing and procurement policies; processes and practices through a coordinated provincial approach to purchasing; standardization of equipment and supplies; and establishing monitoring and reporting practices.

Strategic Performance Indicators

The performance indicators identified in the table below will be used to track and monitor our progress towards our goals and objectives over the coming three years. As key components of Health PEI's Performance and Accountability Framework, they will be reported on annually for each of the three fiscal years that Health PEI's Strategic Plan covers.

Objectives	Strategic Performance Indicators
Utilize technology to improve the quality, safety, and continuity of care	Turnaround time for STAT lab tests Percentage of pharmacy orders placed on-line by physicians Number of medications charted on the electronic medication administration record (eMAR)
Improve management of bed utilization across the system	Total overall average length of stay in acute care
Improve coordination of care across the continuum of health services	Daily average census for patient coded as ALC Percentage of patients with an expected date of discharge within 48 hours of admission Average number of inpatients awaiting bed per day
Effective resource management	Annual variance between budget and actual results as documented in Health PEI annual financial statements Over time hours per FTE

Summary of Strategic Performance Indicators

Table 1. Summary of Health PEI's Strategic Performance Indicators

Objectives		Strategic Performance Indicators
Quality – we will provide safe, quality, and person-centered care and services		
Ensure appropriate patient safety standards are met		Hospital standardized mortality ratio
		Adverse events for incident severity levels 4 & 5
Embed the philosophy of person-centered care		Client experience ratings for acute care
Promote improved health outcomes through prevention and education		Average change in A1C from initial visit for participants of the Provincial Diabetes Program
		Participation rates in Colorectal Cancer Screening Program
		Screening rates for hypertension within participating Health PEI health centres
		Number of discharges for ambulatory care sensitive conditions
		Rate of influenza immunizations administered by Public Health for residents 65 and over
		Immunization rates for children under the age of 2 born in PEI
Foster a healthy work environment		Staff satisfaction rate
		Number of staff sick days per budgeted full-time equivalent (FTE)
Access – we will provide access to appropriate care by the right provider in the right setting		
Reduce wait times in priority areas[§]	Primary Care Provider	Utilization rates of emergency department for triage levels 4 & 5 (Mon-Fri)
		Wait times to access primary care physician
	Mental Health Services	Percent of urgent and semi-urgent clients seen by community mental health services within 30 days
	Addiction Services	Average wait time for inpatient withdrawal management
		Average wait time for outpatient withdrawal management
	Long-Term Care	Total number of days waiting for long-term care by (community and hospital)
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Improve access to care for vulnerable populations	Children with Special Needs	Average wait time for children accessing two or more services
		Average response time (referral to initial contact) for children accessing two or more services
	Frail Elderly/Seniors with Complex Health Needs	Percentage of discharges from acute care that have home care involvement
		Average length of home care usage for long-term clients
		Alternate level of care (ALC) days for seniors 75+
Efficiency – we will optimize resources and processes to sustain a viable health care system		
Utilize technology to improve the quality, safety, and continuity of care		Turnaround time for STAT lab tests
		Percentage of pharmacy orders placed on-line by physicians
		Number of medications charted on the electronic medication administration record (eMAR)
Improve management of bed utilization across the system		Total overall average length of stay in acute care
Improve coordination of care across the continuum of health services		Daily average census for patient coded as ALC
		Percentage of patients with an expected date of discharge within 48 hours of admission
		Average number of inpatients awaiting bed per day
Effective resource management		Annual variance between budget and actual results as documented in Health PEI annual financial statements
		Over time hours per FTE

§ Where appropriate the length of stay (LOS) variance, percent unplanned readmissions, number of discharges, number of distinct clients and ALC rates will also be presented to give context to wait time. In addition, average wait times may be required to be reported by a descriptor such as triage/urgency level, referral source, time of day, etc.

Budget and Resource Summary

Table 2. Budget and Resource Summary

Core Business Area	2013/14 Budget	2012/13 Forecast	2012/13 Budget
Operating Expenses ($)*			
Community Hospitals and Primary Health Care	80,579,000	78,296,800	77,769,800
Corporate Development and Innovation	8,192,900	7,705,600	8,081,900
Financial Services	8,297,900	8,344,600	8,189,000
Health Information Management	8,518,100	7,981,900	8,304,000
Home-Based and Long-Term Care	99,372,100	93,827,600	93,183,800
Medical Affairs	146,334,500	143,581,500	138,813,400
Provincial Acute Care	153,868,800	150,287,000	147,739,100
Provincial Clinical Services	84,104,100	82,666,200	83,555,100
Total Expenditure	**589,267,400**	**572,691,200**	**565,636,100**
Total Revenue	**23,565,700**	**22,952,900**	**22,841,900**
Net Operational Expenditures	**565,701,700**	**549,738,300**	**542,794,200**
Capital Plan ($)μ			
Capital Improvements and Repairs	9,732,600	27,510,200	25,916,400
Capital Equipment	7,987,100	10,631,500	6,400,900
Total Capital Expenditure	**17,719,700**	**38,141,700**	**32,317,300**
Total Revenue	**4,877,600**	**6,771,000**	**5,335,400**
Net Capital Expenditures	**12,842,100**	**31,370,700**	**26,981,900**
Full-time Permanent Equivalents (Direct FTEs)Σ			
		2013/14	**2012/13**
Community Hospitals and Primary Health Care		844.76	817.24
Corporate Development and Innovation		60.50	61.00
Financial Services		90.05	89.65
Health Information Management		36.00	31.00
Home-Based and Long-Term Care		937.40	876.20
Medical Affairs°		111.25	121.00
Provincial Acute Care		1,378.88	1,297.68
Provincial Clinical Services		305.25	302.30
Total FTEs		**3,764.09**	**3,596.07**

* PEI Estimates of Revenue and Expenditures 2013/14.

μ 2013-2014 Capital Budget and Five-Year Capital Plan. Capital investments ensure the province's health infrastructure is maintained and modified or expanded to meet the health service needs of our changing demographics. The health sector invests in health facilities, such as hospitals (e.g., QEH Redevelopment), manors and clinics. Capital investment is also made in medical equipment including CT scanners, laboratory systems and surgical equipment. Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost-effective, and align with other health sector planning.

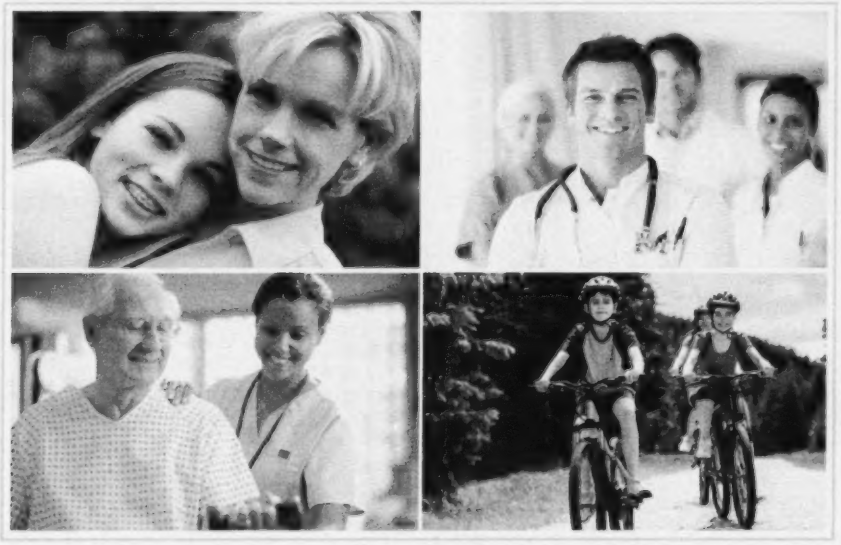
Σ Full-time equivalency information for 2013/14 was derived from Health PEI Budget Books. Permanent FTEs, including permanent vacancies are included.

° FTEs for Medical Affairs includes all staff, including salaried physicians (9 staff, 3.80 PEINU and 98.45 physicians). Fee-for-service, contract and sessional physicians (as of March 2013, total 132.5 FTEs) are not included.

Conclusion

Through comprehensive engagement work with Islanders and staff, we have heard that they want Health PEI to provide better access to core services such as primary health care, mental health and addiction services, long-term care, and emergency and surgical services. As an organization we understand that providing better access to better care requires a shift in how we solve problems and use our resources. We are committed to using our resources more efficiently and effectively to provide safe, quality health care. As we move forward in this first year of our 2013-2016 Strategic Plan cycle, we recognize that improved communication and engagement with all of our partners and Islanders will be required to be successful in supporting improved health for all.

Our commitment to all Islanders is that we will work to provide safer, more efficient, quality care. We will make decisions that are informed by evidence, including the voice of Islanders, our partners, and our staff. We will focus on the safety and quality of the care we provide, understanding that in order to do this, we need to use our resources more efficiently and leverage their benefits. Finally, we are committed to improving access to the priority services that Islanders have identified. Health PEI is a key component of improving the health of Islanders, but we cannot stand alone. We need to work together with Islanders, our communities, and our partners in government and non-governmental organizations to achieve our vision – *One Island health system supporting improved health for Islanders.*



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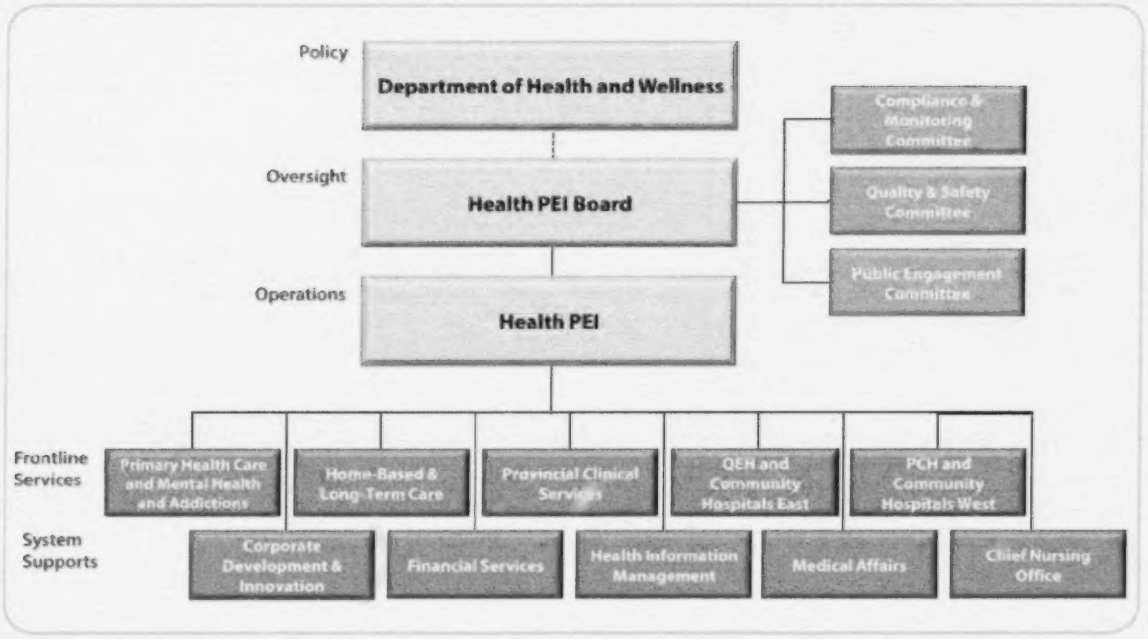
APPENDICES

Appendix A: Quality Improvement Teams

1. Ambulatory Care
2. Cancer Care
3. Diagnostic Imaging
4. Emergency Quality Team
5. Home Care
6. ICU/CCU
7. Infection Control
8. Laboratory
9. Leadership
10. Long-Term Care
11. Maternal Newborn
12. Medical
13. Medication Management
14. Mental Health and Addictions
15. Pediatrics
16. Public Health Programs/Primary Care Networks
17. Rehabilitative/Restorative Care
18. Surgical Care

Appendix B: Health PEI Organizational Structure



Health PEI

One Island Health System

Prepared by: Strategy & Performance, Health PEI

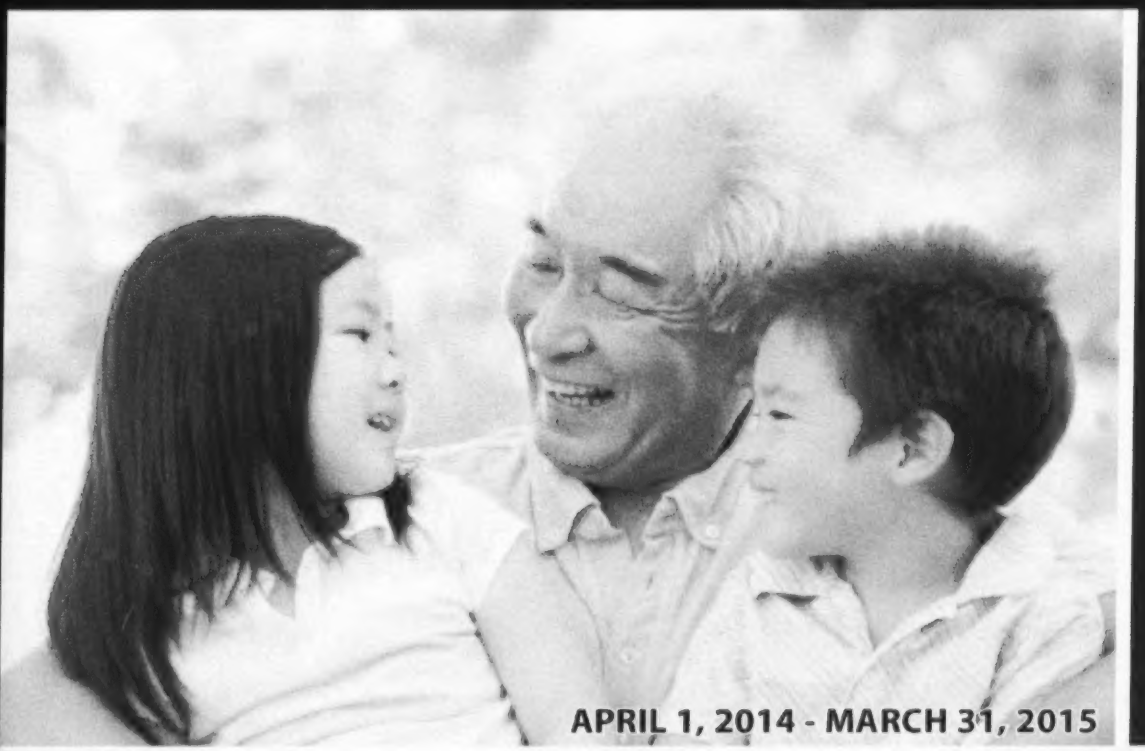
September 2013

Published by:
Health PEI
PO Box 2000
Charlottetown, PEI
Canada, C1A 7N8

Printing:
Document Publishing Centre

Available online at:
www.healthpei.ca

Printed in Prince Edward Island



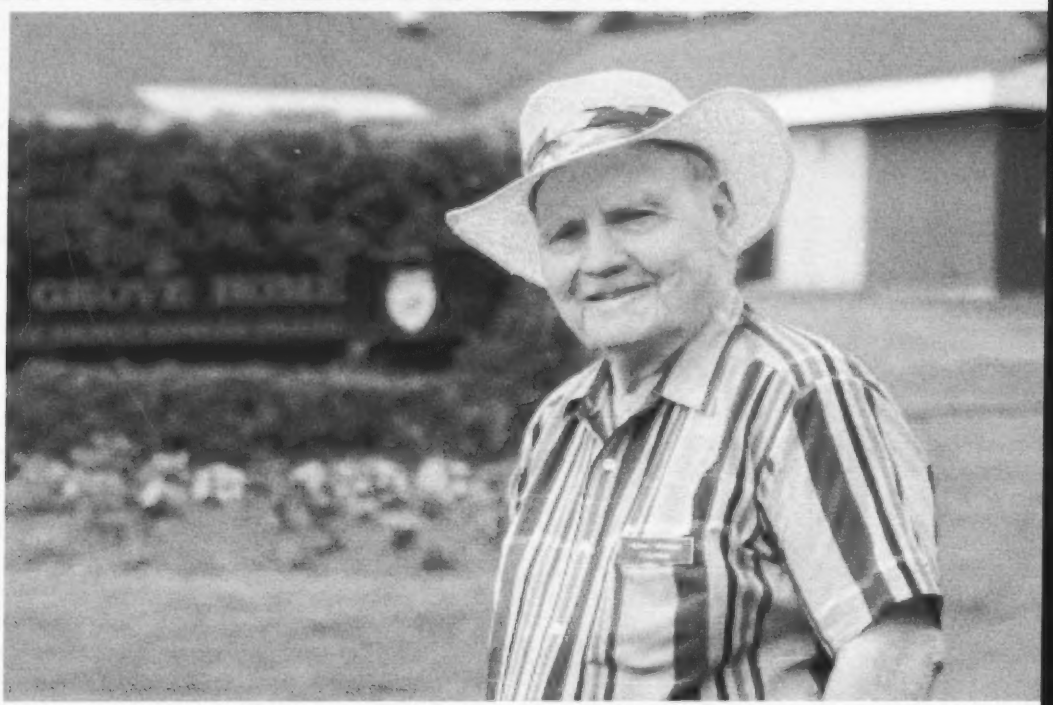
APRIL 1, 2014 - MARCH 31, 2015

2014-2015

BUSINESS PLAN

Health PEI

One Island Health System



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